

BULKLEY (L.D.)

ANALYSIS OF
SEVEN HUNDRED AND SEVENTY-FOUR CASES
OF
SKIN-DISEASE,

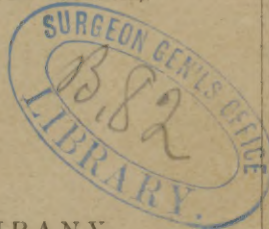
*TREATED AT THE DEMILT DISPENSARY DURING
THE YEAR 1876, WITH CASES AND
REMARKS ON TREATMENT.*

BY

L. DUNCAN BULKLEY, A. M., M. D.,
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COUNTY MEDICAL AND DERMATOLOGICAL SOCIETIES; SECRETARY
OF THE AMERICAN DERMATOLOGICAL ASSOCIATION, ETC.

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By L. DUNCAN BULKLEY, A. M., M. D.,

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ANALYSIS OF SEVEN HUNDRED AND SEVENTY-FOUR CASES OF SKIN-DISEASE, TREATED AT THE DEMILT DISPENSARY DURING THE YEAR 1876, WITH CASES AND REMARKS ON TREATMENT.

DURING the year 1876 there have come under my immediate observation and treatment seven hundred and seventy-four cases of skin-disease in the Demilt Dispensary, and I deem it my duty to the profession and to the science of dermatology to put on record, as far as possible, some of the results of the experience gained there. I am the more encouraged thus to report the simple and practical details of dispensary practice in the (to many perplexing) field of cutaneous diseases, by the very flattering reception which has been accorded to the similar reports I have ventured to put forth of the two preceding years, 1874 and 1875;¹ this

¹ Analysis of One Thousand Cases of Skin-Disease. *American Practitioner*, May, 1875. Analysis of Six Hundred and Seventeen Cases of Skin-Disease. *American Practitioner*, April and May, 1876.

both in print in the journals and in letters of thanks, and further inquiry from many with whom I was personally unacquainted.

It has been a matter of surprise to me that the dispensaries of New York have not been used more for the purpose of clinical study and instruction; in the skin-department of Demilt there have been over thirty-one thousand new patients recorded on the books, while the total number of patients recorded in all the departments, during the past twenty-five years, amounts to more than six hundred thousand. During the past year nearly twenty-five hundred visits have been made by my patients alone. In regard to the advantages to be derived from a careful study of the practice of a dispensary department, I think the faithful attendance and diligent attention of the gentlemen who have been members of my classes in dermatology bear abundant witness, as also their repeated assertions.

In the present "Analysis" I shall follow the plan adopted in the two preceding ones, of making first a short statistical inquiry as to the relative frequency of the different forms of cutaneous affections, and afterward of entering more into detail in reference to the diseases presented, their variations, treatment, etc., illustrating where it seems best, by the introduction of such cases as may be of interest. Many cases have already been published in the *Archives of Dermatology* and elsewhere; some of these may be briefly alluded to a second time in the present article, either because their importance seemed to warrant it, or because of later developments, or to especially illustrate some portion of this study.

I have again to return my sincere thanks to my very faithful clinical assistant, Dr. Robert Campbell, without whose constant presence and aid it would hardly have been possible to secure the material for this and other reports.

The cases are presented in two tables, as before: in the first, arranged alphabetically, the number of instances of each disease and the sex of the patients are detailed; in the second table the diseases are arranged in the order of their frequency

at this clinic, together with their percentage to the total number.

In recording the diseases I have still adhered to the course indicated in my last report, of endeavoring, as far as possible, to simplify dermatological nomenclature by using only well-known terms and employing always the same designations, which, when practicable, are the Greek derivatives for the primary names, and Latin for the secondary terms and expletives; for fuller explanation I must refer the reader to the former reports.

TABLE I.

DISEASE.	Males.	Females.	Total.	DISEASE.	Males.	Females.	Total.
Abscessus.....	1	1	1	Nævus.....	1	1	1
Acne.....	20	38	58	Pemphigus.....	1	1	1
Adenoma.....	2	2	2	Phthiriasis.....	40	53	93
Alopecia areata.....	1	1	1	Pityriasis.....	1	1	1
Carcinoma.....	1	1	1	Pruritus.....	8	4	12
Chloasma.....	2	2	2	Psoriasis.....	9	10	19
Dermatitis.....	10	13	23	Purpura.....	5	2	7
Eczema.....	134	144	278	Roseola.....	1	1	1
Epithelioma.....	3	4	7	Scabies.....	9	10	19
Eruptio e copaiba.....	1	1	1	Serofuloderma.....	1	2	3
Erysipelas.....	6	7	13	Strophulus pruriginosus.....	1	1	1
Erythema.....	3	4	7	Syphilis.....	21	22	43
Furunculus.....	11	10	21	Tinea.....	24	14	38
Herpes.....	7	6	13	Ulcus.....	7	10	17
Hyperidrosis.....	3	1	4	Urticaria.....	15	13	28
Ichthyosis.....	2	2	2	Varicella.....	3	3	3
Impetigo contagiosa.....	3	6	9	Verruca.....	3	3	6
Lichen.....	9	21	30	Vitiligoidea.....	2	2	2
Lupus.....	4	4	4				
Macula pigmentosa.....	1	1	1				
Morphœa.....	1	1	1	Total.....	362	412	774

TABLE II.

DISEASE.		Number.	Per cent.
1. Eczema	{ Impetiginodes..... 96 } { Squamosum..... 26 } { Papulatum..... 24 } { Rubrum and erythem. 8 } { Intertrigo..... 5 } { Unclassed..... 119 }	278	36.
2. Phthiriasis	{ Capitis..... 57 } { Corporis..... 36 }	93	12.
3. Acne	{ Sebacea..... 3 } { Punctata..... 7 } { Molluscum..... 0 } { Simplex..... 32 } { Indurata..... 6 } { Rosacea..... 10 }	58	7.5
4. Syphiloderma		43	5.7
5. Tinea	{ Tricophytina { Tonsurans..... 9 } { Circinata..... 8 } { Sycosis..... 7 } { Ecz. marginat. 1 } { Versicolor..... 9 } { Favosa..... 4 }	38	4.8
6. Lichen	{ Simplex { Acutus..... 28 } { Chronicus... 1 } { Planus..... 1 }	30	4.
7. Urticaria		28	3.7
8. Dermatitis	{ Traumatica..... 6 } { Calorica..... 5 } { Exfoliativa..... 4 } { Venenata..... 4 } { 4 }	23	3.
9. Furunculus		21	2.7
10. Psoriasis		19	2.4
11. Scabies		19	2.4
12. Ulcus		17	2.1
13. Erysipelas faciei		13	1.7
14. Herpes	{ Zoster..... 8 } { Labialis..... 3 } { 2 }	13	1.7
15. Pruritus		12	1.5
16. Impetigo contagiosa		9	1.1
17. Epithelioma		7	.9
18. Erythema	{ Multiforme..... 3 } { Nodosum..... 2 } { Calorica..... 1 } { Papulatum..... 1 } { Simplex..... 4 }	7	.9
19. Purpura	{ Hæmorrhagica..... 1 } { Rheumatica..... 1 } { Lichenoides..... 1 }	7	.9
20. Verruca		6	.8
21. Hyperidrosis		4	.5
Carried forward.....		745	

DISEASE.	Number.	Per cent.
Brought forward.....	745	
22. Lupus { Erythematosus....2 }	4	.5
{ Vulgaris.....2 }		
23. Scrofuloderma.....	3	.4
24. Varicella.....	3	.4
25. Adenoma.....	2	.26
26. Chloasma.....	2	.26
27. Ichthyosis.....	2	.26
28. Vitiligoidea.....	2	.26
29. Abscessus.....	1	.13
30. Alopecia areata.....	1	.13
31. Carcinoma.....	1	.13
32. Eruptio e copaiba.....	1	.13
33. Macula pigmentosa.....	1	.13
34. Morphœa.....	1	.13
35. Nævus.....	1	.13
36. Pemphigus.....	1	.13
37. Pityriasis.....	1	.13
38. Roseola.....	1	.13
39. Strophulus pruriginosus.....	1	.13
Total.....	774	

Thirty-nine separate names of diseases are found in the above tables, which really represent a yet larger number of diseases: thus, under the generic term tinea are grouped all the vegetable parasitic diseases, of which favus and pityriasis or tinea versicolor are certainly quite distinct affections, and not related at all to the third variety, tinea circinata; under dermatitis are included both simple traumatic inflammation of the skin, that from heat and cold, and also that from the effect of local poisons, as the poison oak or ivy eruption, etc.

The total number of cases were pretty evenly divided between the sexes, three hundred and sixty-two males to four hundred and twelve females, the proportion being almost exactly that of last year, namely, about forty-seven per cent. males.

In regard to the age of patients as affecting the development of skin-diseases, dispensary statistics must always afford but meagre and unsatisfactory information, for the statements of quite a proportion of this class of patients in regard to the time of commencement and duration of the disease are very

uncertain; in some instances of psoriasis the disease had already lasted many years, and one case of lupus had been in existence for over thirty years before being entered on our books. But some interest or importance may be attached to the ages of the patients who were actually under treatment, and these are exhibited in—

TABLE III.

AGE OF PATIENT.	Males.	Females.	Total.
6 months and under	13	14	27
6 months to 1 year of age	8	7	15
1 year to 2 years of age	24	9	33
2 years to 3 years of age	21	11	32
3 years to 4 years of age	8	13	21
4 years to 5 years of age	9	5	14
Total 5 years or less of age	83	59	142
5 years to 10 years of age	42	52	94
10 years to 15 years of age	24	42	66
15 years to 20 years of age	39	58	97
20 years to 25 years of age	32	32	64
25 years to 30 years of age	30	36	66
30 years to 35 years of age	22	16	38
35 years to 40 years of age	18	36	54
40 years to 45 years of age	11	15	26
45 years to 50 years of age	18	33	51
50 years to 55 years of age	13	8	21
55 years to 60 years of age	10	13	23
60 years to 65 years of age	11	5	16
65 years to 70 years of age	4	3	7
70 years to 75 years of age	1	2	3
75 years to 80 years of age	4	..	4
80 years to 85 years of age . . . . .	..	..	..
85 years to 90 years of age . . . . .	..	1	1
Of unknown age . . . . .	..	1	1
Total	362	412	774

It will be seen from this that almost one-third of all the cases of skin-disease occurred in children of ten years of age or under—two hundred and thirty-six, of which one hundred and forty-two were five or less years of age. The next decade furnishes the next largest number of patients, namely one hundred and fifty-three; from twenty to thirty years there were one hundred and thirty patients, and so on. In periods

of five years, that from fifteen to twenty furnished more patients than any other, except the first five years of life: the excess was here made up by acne and parasitic affections, which together comprised more than one-half of the whole. No deductions can be drawn from these figures in reference to age affecting skin-diseases without taking into consideration at the same time the number of individuals living at each of the periods, as shown by the census; it would be of little service to attempt such calculations on the results of one year's practice. We shall hope to make such an investigation at some future time, based on the analysis of many years' cases in succession. Of patients from one to five years of age, about two-thirds were affected with eczema; from five to ten years, only one-third the entire number had this disease. The youngest patient under treatment was aged one month; the oldest, a woman of eighty-eight.

The largest number of patients were recorded during the month of July, the smallest number during December; it may be remembered that the summer was intensely hot, and the results were shown in the largely increased numbers of cases of acute eczema which applied for treatment, almost one-sixth of the entire number being recorded during the one month of July.

It may not be uninteresting to note that the first four diseases on our present list, namely, eczema, phthiriasis, acne, and syphiloderma, occupy the same positions as last year, with percentages almost the same: thus, eczema last year furnished 35.1 per cent. of all the cases, this year exactly 36 per cent.; phthiriasis gives 12 per cent. this year against 9.2 of last year; acne 7.5 against 6.9 per cent. in the preceding analysis; and syphilis was the cause of but 5.7 per cent. of the present collection of cases, against 6.3 per cent. of those treated last year, and 9.8 per cent. in the thousand cases analyzed from the preceding year. Psoriasis comes further down on the list than last year, where it stood eighth, with a percentage of 3.2; it now ranks tenth in order of frequency, with a percentage of but 2.4; further experience convinces me that psoriasis is much less frequent in this country, or at least in this city, than is generally thought.

Certain other differences are also observed on a comparison of these tables with those of last year, besides the varying proportions with which some of the diseases presented themselves for observation. It will be found that the present lists differ from those of last year in the absence of ten of the eruptions mentioned there, and in the presence of eleven others which are not found among the cases recorded during the previous year, and this is not from any differences in the manner of recording the cases, but simply from the natural variations in the clinic. Thus, of the diseases recorded at this clinic in 1875, the following have not been observed during 1876, namely: anthrax, clavus, elephantiasis græcorum, eruptio e potassii iodido, folliculitis capitis, keloid e cicatrice, onychia, paronychia, rubeola, and xeroderma; while eleven others not met with last year have been present in one or more instances, namely: adenoma, alopecia areata, carcinoma, eruptio e copaiiba, ichthyosis, lupus, morphœa, pigment-staining, strophulus pruriginosus, and vitiligoidea. During the last two years no cases of true prurigo (Hebra) or of scleroderma have appeared at this clinic, though the case I have recorded as pruriginous strophulus might by some have been looked upon as prurigo, and the case of morphœa resembled scleroderma in some features, of which more will be said later.

As far as I can learn, but two patients belonging to this department have died during the past year, both with phthisis: one, a girl eleven years old, who had purpura; the other, also a girl, sixteen years old, who had had pemphigus—both of which cases will be mentioned later.

The separate diseases may now receive our attention, and will be noticed, as on previous occasions, in the order of the number of cases of each:

1. ECZEMA.—The very great frequency of this disease is well exhibited in our record of patients. During the past year two hundred and seventy-eight cases of eczema occurred in a total of seven hundred and seventy-four, or 36 per cent. of the whole. This is almost the largest percentage with which I am acquainted (except that of Dr. White, of Boston, who records eczema as forming nearly 45 per cent. of hospital out-patients, and Dr. Duhring, of Philadelphia, who

states that eczema constitutes almost 50 per cent. of the entire number of cutaneous diseases), and, although it exceeds that obtained from private practice in this city, must be taken as a fair indication of the prevalence of this form of skin-affection; for, while only the rarer or more obstinate cases come to the specialist, the rank and file of cutaneous diseases being treated by the family physician, in the dispensary all skin-cases, or a large share of them, are turned over at once to this department. The cases of eczema were pretty evenly divided between the sexes, there being one hundred and thirty-four males to one hundred and forty-four females; last year the males preponderated by two, 110:108.

The ages of patients applying for treatment with eczema may be seen in the following:

TABLE IV.

AGE OF PATIENT.	Males.	Females.	Total.
6 months and under.	7	12	19
6 months to 1 year of age.	5	3	8
1 year to 2 years of age.	20	5	25
2 years to 3 years of age.	14	7	21
3 years to 4 years of age.	3	8	11
4 years to 5 years of age.	7	3	10
Total 5 years or less of age.	56	38	94
5 years to 10 years of age.	16	17	33
10 years to 15 years of age.	3	6	9
15 years to 20 years of age.	4	10	14
20 years to 25 years of age.	6	7	13
25 years to 30 years of age.	14	11	25
30 years to 35 years of age.	11	4	15
35 years to 40 years of age.	4	16	20
40 years to 45 years of age.	4	7	11
45 years to 50 years of age.	2	15	17
50 years to 55 years of age.	6	2	8
55 years to 60 years of age.	4	5	9
60 years to 65 years of age.	1	2	3
65 years to 70 years of age.	3	2	4
70 years to 75 years of age. . . . .	...	...	...
75 years to 80 years of age.	1	...	1
80 years to 85 years of age. . . . .	...	...	...
85 years to 90 years of age. . . . .	...	1	1
Of unknown age. . . . .	...	1	1
Total.	134	144	278

It will be seen that a very large proportion of the cases of eczema occurred in children, ninety-four of the whole number being five years or less of age, the next period of five years furnishing thirty-three cases, or a total of one hundred and twenty-seven, nearly one-half, in patients ten years of age and under; these figures correspond very closely to the ratios observed in my analysis of last year, and thus confirm some of the statements there made. From this will be seen the fallacy of drawing any conclusions in regard to the statistics of eczema from any clinic which does not include children. It will be remembered that Hebra's service at the hospital in Vienna is almost wholly made up of adults, children appearing there only as exceptions—certainly no cases of infantile eczema are included; the same is true of certain other clinics. The next period of greatest frequency of eczema was observed to be the years from twenty-five to thirty, which furnished twenty-five cases, the decade from twenty to thirty giving in all thirty-eight cases, corresponding to the observations of the preceding year: both years give a slight preponderance to males at this time of life.

The youngest patient treated with eczema this year was aged seven weeks, the oldest eighty-eight years; between these ages almost every month was represented up to the age of four years, and almost every year from that to seventy years, with but few exceptions. In some cases it was noted that the disease had lasted since the patient was one month old; one patient had had chronic eczema of the hands and arms for eighteen years.

Of one hundred and twenty cases where the location of the disease was recorded, it was found to affect the various portions of the body as follows: Face twenty-nine, head twenty-five, hands twenty-one, legs and feet ten, ears ten, arms seven, body seven, beard five, scrotum four, nails one, general eczema one. In many instances several portions were affected, but the eruption was here classified according to its most prominent or important location.

The two hundred and seventy-eight cases of eczema have presented very many different features, and have exhibited the disease in almost every possible phase, and have required many

different methods of treatment. Some cases have appeared to be almost wholly dependent upon external causes, and local treatment alone has been employed, while in many local measures have been entirely withheld, or nearly so, in order to demonstrate the constitutional origin and nature of the eruption. In the vast majority of cases both internal and external treatment have been employed, and another year's experience but confirmation to the views so often expressed heretofore, that adds by this mode alone can we successfully treat eczema, in conjunction, of course, with proper dietary and hygienic measures.

We do not include under eczema every case which presents many of the features of this disease: thus, the pustular eruption in the scalp, resulting from the presence of pediculi, we exclude, placing it elsewhere, under the term phthiriasis capitis, as being no more a true eczema than is the polymorphous eruption of scabies, which is now universally separated from eczema. Hebra, in his report, still includes the eruptions of the head from lice as eczema, although he has long separated those caused by body-lice, under the title excoriations. We also count many cases as dermatitis where a lesion, which may resemble eczema in some features, appears to be purely local, from a local cause, and which heals upon its removal; and, finally, some of the cases which we designate as lichen might be classed as eczema by some writers; these we will consider under the head of lichen.

Our treatment of these cases of eczema has not differed much from that presented in the report of the preceding year, although certain cases have demanded variations from the generally-recognized lines of treatment, which we will call attention to. Eczema is very frequently attended with constipation, especially among the poorer classes, who habitually neglect themselves in this particular, and purgatives were used considerably and to much advantage in very many afflicted with eczema. In the more acute forms a ferro-alkaline laxative of sulphates of iron and magnesia proved very serviceable, although many at once required the tonic effect of bark, iron, nux-vomica, and arsenic, to which mixture was very commonly added the acetate of potassa, in doses from five to fifteen grains thrice daily.

In my last year's report I alluded very favorably to the action of arsenic given alone in eczema, especially in that of infants and young children. My experience since that time has fully confirmed all then said, and more too; and, as the results of my studies have been recently made public,¹ I will not enter into the matter very largely at the present time. I may, however, mention one or two cases which have been followed out since that was written. The following case shows how well the drug may be borne, and what results may be obtained from it:

Charles Carey, aged sixty years, a butcher, came first to the dispensary in January, 1876; he is a fleshy man, of medium height. He then had eczema on the forehead and about certain portions of the face, which yielded to treatment, and he was lost sight of until September 19th. He then appeared with a papular eczema, covering almost the entire body, extremities and head. On the face and hands there was some moisture, but the greater part of the eruption was made up of papules, closely set, and covering really all the body. Many of the papules were apparently of the color of the normal skin, and some portions of the eruption could readily have passed for the true prurigo of Hebra; very many of them, perhaps the greater part, were of a red color, more or less acuminate, and answered to those of lichen; on disappearing, all of them left brownish-red stains, so that at a distance the appearance was as if there was still an eruption, but, on passing the fingers over the surface, no elevations were perceptible. On the backs of the hands and fingers the eruption was wholly eczematous.

The itching from the eruption was intense; the man was a very great sufferer, and all parts of the body bore the marks of much scratching. He was given pills of blue mass, colocynth and ipecac, to be repeated on the second night, and the following external application was ordered: *R.* Olei cadini, \mathfrak{z} ss; olei morrhuae, \mathfrak{z} vj. *M.* Sig.: Anoint the whole body twice daily. The relief obtained by the treatment was considerable; and, on September 26th, the following was prescribed: *R.*

¹ The Use and Value of Arsenic in the Treatment of Diseases of the Skin. D. Appleton & Co. 1876. Reprinted from the NEW YORK MEDICAL JOURNAL, August, 1876.

Solut. De Valangin, $\frac{z}{ss}$; aquæ, $\frac{z}{ivss}$. M. Sig.: Commence with one teaspoonful three times daily, after eating, and increase as ordered. This mixture contains one drop of the solution of the chloride of arsenic in each ten, so that each teaspoonful represents six drops of the arsenic. The dose of this was gradually increased by taking an additional teaspoonful every two or three days, until, on November 21st, he was ordered to take three teaspoonfuls of the mixture, or eighteen drops of De Valangin, three times daily. The eruption was then wellnigh gone; there had been little or no itching for some weeks; the patient was in fine health and spirits; the site of each papule was plainly visible in the discolorations already alluded to, but all papular feeling was gone. Two weeks later, it was recorded that he was taking four teaspoonfuls of the mixture, or twenty-four drops of De Valangin's solution (equivalent to nearly ten minims of Fowler), three times daily. There was then some little pain at the pit of the stomach and slight soreness of the eyes; the arsenic was stopped, and compound cathartic pills given, also acetate of potassa. There had been no disagreeable symptoms until the full dose mentioned was reached; thus, while taking four teaspoonfuls, or twenty-four drops, morning and night, and three teaspoonfuls at noon-time, no inconvenience occurred.

The very rapid and visible diminution of the size and number of the papules following the use of the arsenic was strikingly confirmative of the results reported in my last "Analysis," especially of those in reference to the boy Thomas Hayes, five years old, who increased the dose of arsenic up to twenty drops of Fowler thrice daily, with the result of rapidly removing an eczema which had resisted all treatment since infancy. I may report further, in regard to the case of Thomas Hayes, that he returned, on July 13th, with a slight relapse, which yielded to treatment very soon; and again, in October, with another more severe attack, which again responded to arsenic very promptly.

In my last report I made especial mention of De Valangin's solution of the chloride of arsenic, which I had been using with advantage. This I have employed largely during the past year, and with good effects; I am not yet prepared to

say wherein or in what cases it is superior to other forms of arsenic, especially Fowler's solution, but I think I have found it to agree with the stomach better than the latter, which might be inferred from the fact that its acid corresponds very closely with that of the normal gastric juice; also, as a rule, rather less arsenic is required, in total amount, when this preparation is used; moreover, it can be often combined very advantageously with acid preparations, as muriatic acid and the tincture of chloride of iron, etc. Furthermore, we can sometimes get results from a change in the form of arsenic employed, just as in the use of iron; one preparation will sometimes prove very beneficial when others seem almost inert, or even harmful.

I remarked last year that I had used cod-liver oil less that year than during the preceding year, the class of patients not seeming to require it so much; this I have found still true, and have employed such remedies as acetate of potassa and sulphate of magnesia more. I have used the sirup of the iodide of iron very considerably in the eczema of children, and with good results, though in the main I have adhered to the treatment mentioned in my last report, namely, calomel once or twice a week in mild, purgative doses, with a ferro-arsenical mixture, generally containing also a little acetate of potassa.

Among the poor, as also among the rich, there is constant need of advice concerning the diet in patients with eczema. Especially do I find that most of the infants and children with this disease are fed either with large amounts of starchy foods or else upon the diet of adults, and very rarely have I found an infant with eczema whose diet has been either exclusively the mother's milk or exclusively cow's milk; when this is the case, I frequently find that the feeding is excessive, and too frequent and irregular, or else that the mother, if she is nursing the child, is either in very poor health or living on markedly erroneous diet, especially in the way of the use of much tea or of fermented liquors. I never allow nursing-women to take ale, beer, or the like, or wines, with the delusive hope of making abundance of good milk, but always insist that they shall, if possible, consume a large quantity of milk them-

selves ; and, if alcohol is wanted, I prefer much to give it in the way of the tinctures, or the distilled liquors, especially whiskey, in small quantities. Prolonged lactation I find to be very common in cases of infantile eczema.

As an illustration of some of the difficulties attending dispensary practice, showing also the manner in which advances may occasionally be made in therapeutics by the mistakes of patients, I may mention the following case :

Sarah McM., aged twenty-three, a cook, came for the treatment of an acute eczema of the head on December 5th. The whole head was the seat of an exuding eruption ; and her hair, which was of moderate length, was matted together in what appeared to be an irreparable confusion. She was given cod-liver oil, with directions to soak the head thoroughly with it three times, that is, on returning home, again at bedtime, and in the morning to add fresh oil ; and then, at the expiration of twenty-four hours from the first application, she was to wash it out thoroughly, once only, with Castile soap and warm water, and to again apply the oil half an hour afterward. She was also given the following, with directions to take one teaspoonful after eating : *R.* Potass. acetatis, \mathfrak{z} j ; tinct. gent., \mathfrak{z} j ; aquæ, \mathfrak{z} ij. *M.* By mistake she took the cod-liver oil internally, and employed the medicine externally, using it up in three applications, and then washed the head as directed the next day, but applied nothing afterward. The result was that, on the second day, December 7th, she came with the head very greatly improved, the exudation had entirely ceased, the hair was combed out in full length, and, in a word, better results were accomplished than had been looked for under the treatment directed. She was then directed to reverse the order, and use the oil externally, and take the acetate of potassa as prescribed ; and five days later, or one week from the first visit, the scalp was about normal, except some scaling, for which the following was ordered—*R.* Ung. hydrarg. nitratis, \mathfrak{z} j ; ung. simplicis, \mathfrak{z} vij ; *M.*—under which the scaliness is disappearing.

It is well to bear in mind that two distinct skin-diseases may, and do, not infrequently, affect the same individual at the same time, and thus the symptoms of one mask those of

the other. Thus, in two instances, infants had both eczema and infantile syphilis at the same time; and a third appeared early in the year with eczema, and six months after with syphilis. One of these cases has already been reported;¹ in the other case the infant had been under treatment for some time for a rebellious eczema, when, quite suddenly, a general papular syphilide, of unmistakable character, appeared over the whole body. I may, in this connection, mention also the case of a man, aged thirty-six, with constitutional syphilis, on the flexor surface of whose left wrist was a papular syphiloderm, which so completely resembled a patch of chronic eczema that it was diagnosed as such for a moment, until further investigation revealed a history of syphilis, and a tubercular eruption of the same was found on the scalp. He was put on mixed treatment with but little effect, when it was stopped and mercurial inunctions substituted, and the patch rapidly disappeared. In another patient, a German woman, aged forty-five, there was well-marked eczema on the hands, arms, face, and ends of fingers, all of which improved promptly under specific treatment, there being a very plain history of syphilis.

During the past year, partly for economy, and that patients might have a large supply of the article, I have made considerable use of mutton-tallow and cod-liver oil, in about equal parts, as a dressing in eczema, and with very good results, as I have mentioned on several other occasions. The tallow should be very fresh; it is tried out, and, when melted, is mixed with cod-liver oil in about equal quantities, more or less according to the weather, and the two are stirred till cold. This is spread thickly on cloths and laid on the part, either alone or after the application of such other treatment as the case demands.

One case of eczema of the hands deserves special mention, from the excellent results obtained by means of rubber gloves. A German woman, aged twenty-seven, married, whose husband was a confectioner, and whose hands had been continually subjected to injurious influences, as in making ice-cream, etc.,

¹ *Archives of Dermatology*, July, 1876, p. 318.

came to Demilt in April with eczema of the hands, which received benefit, and she soon disappeared from observation. Early in the fall she returned with the same trouble, but very much worse: the palms were hard and deeply fissured, and the eruption extended to both the palmar and around to the dorsal aspects of many of the fingers; the hands were completely useless for work, and the suffering from them intense. She was placed upon the same measures which had proved efficacious in the spring, but the result was very unsatisfactory. On October 24th she was ordered to procure two pairs of rubber gloves, and to wear one pair at night and the other pair during the day; some of the local measures were also continued. The change in about a week was marvelous to one not accustomed to the effect of impervious dressings: the cracks had almost entirely disappeared, and the palms were as soft and flexible as could be wished. To see how far the tissues were really altered, the gloves were discontinued for a few days, shortly after this, and the parts thickened and hardened and cracked soon to a very considerable extent. The gloves were resumed, but as the eruption improved the patient became somewhat restless under the continued cumbering of the hands, and neglected to wear them as persistently as was intended. A number of cracks occurred, which were touched thoroughly with a stick of pure nitrate of silver, and healed rapidly. Other measures were used at times to hasten the restoration to health of the parts, but the gloves formed the main-stay of treatment, and the result has been a speedy and complete removal of the disease. She has used up several pairs of gloves; but, considering her occupation, which she has been thus enabled to carry on, she has willingly borne the expense.

While under this treatment eczema appeared in subacute form on the forehead, whereupon she was given internal treatment as well; at a later date she brought her little child, also affected with eczema, both of which facts go to show that the eczema of the hands was due to other than purely local causes.

In a case of pretty severe eczema of the scrotum in a man aged thirty-five, it was suggested by a physician attending the

clinic to use a solution of sulphate of iron locally (3ij ad aquæ Oj), which was followed by mutton-tallow, together with appropriate internal measures; the results were very unfavorable: the disease was made decidedly worse, and this treatment was abandoned. The case proved a rebellious one, but was finally discharged cured after two and a half months' treatment.

In another place¹ I have reported a case of chronic localized eczema of the back of the left hand in a woman aged thirty, which was very successfully treated by first painting the spot several times a day with a solution of gutta-percha in chloroform. She was enabled thereby to do washing, and the improvement in the eruption even under the circumstances was very marked; subsequently the compound tincture of green soap of Hebra and diachylon-ointment removed the infiltration and cured the case.

A widow woman aged thirty-six, who had an obstinate eczema of the right leg due to varicose veins, made very rapid improvement as soon as she was forced to seek work which compelled her to walk about two or three miles daily; she then bandaged the leg, which she had been previously directed to do, but had failed to accomplish, because she thought it gave too much pain.

2. PHTHIRIASIS.—Lice were recognized as the distinct exciting cause of skin lesions in ninety-three patients, forty males and fifty-three females; these cases presented no peculiarly interesting or unusual features, and require no special comment. Phthiriasis capitis was treated almost universally on the plan mentioned in former reports, namely, by repeated saturations of the head with kerosene oil, with subsequent washing and inunction with zinc, or weak white-precipitate ointment, when there were any raw surfaces left. Phthiriasis corporis was generally treated with the lotion of carbolic acid and caustic potash, as in former years.

3. ACNE.—Next in order of frequency of occurrence comes acne, with fifty-eight cases, twenty males and thirty-eight females. The nearly double number of females indicates in

¹ *Archives of Dermatology*, April, 1876, p. 222.

part only the greater liability of this sex to acne, inasmuch as males, especially among the lower classes, give less attention to such cutaneous disorders as do not affect their physical comfort. The percentage of cases will be found to be somewhat greater than during the previous year, 7.5 being the proportion this year against 6.9 per cent. the year before.

The ages of patients applying for the treatment of acne are shown in the accompanying table:

TABLE V.

AGE OF PATIENTS.	Males.	Females.	Total.
At 13 years of age.....	..	1	1
At 14 years of age.....	..	3	3
At 15 years of age.....	..	3	3
At 16 years of age.....	3	5	8
At 17 years of age.....	1	3	4
At 18 years of age.....	3	7	10
At 19 years of age.....	3	2	5
At 20 years of age.....	2	3	5
20 to 30 years of age.....	6	6	12
Over 30 years of age.....	2	5	7
Total.....	20	38	58

It will be seen that of nineteen patients who were seventeen or less years of age fifteen were females, all of these cases being, I believe, embraced under the terms acne punctata and simplex; one patient is entered at the unusually early age of thirteen. The oldest patient with this disease was a woman aged fifty-five, with sebaceous acne, who was a cook. One man, a sailor, aged forty-six, presented in a marked degree hypertrophic acne rosacea, the end of the nose especially being greatly enlarged, in irregular lumps, purplish, and with the orifices of the sebaceous glands greatly distended.

In one case, that of a woman,¹ aged forty years, acne had produced a disfiguration which so closely resembled small-pox that it was difficult to believe that the deep cicatrices were not the result of the latter disease. The lesions were

¹ *Archives of Dermatology*, January, 1877, p. 131.

grouped under the name *acne indurata* and *rosacea*, and the appearance may be thus described : The entire face was greatly reddened, and about the nose, cheeks, forehead, chin, and neck, numerous purplish lumps or masses of induration were clearly distinguishable at her first visit. Some were painful on pressure, others not ; and from many of them an appreciable amount of pus was obtained by a deep thrust of the lancet, but few had any pustular summits. The entire face and neck was the seat of numerous depressed cicatrices of various sizes and shapes, most of them pale, but some red, being of more recent formation. All the surface was very greasy, the skin thick and doughy, and the orifices of the sebaceous glands gaping, with no comedones. The patient was a seamstress, and presented many of the symptoms of *dyspepsia* : pulse, 120, and weak ; tongue coated, pale, and flabby. The case has received the most marked benefit from the use of the following, and is still under treatment: \mathcal{R} . Potass. acetat., \mathfrak{z} j ; ext. tarax. fl., aquæ, $\mathfrak{a}\mathfrak{a}$ \mathfrak{z} ij. \mathcal{M} . Sig. : Take a teaspoonful half an hour before eating, well diluted ; the diet and other elements were also attended to ; locally, she used only hot water to the face, and the tubercles were mostly opened as soon as pus could be discovered ; some of the smaller pustules were treated by scraping with the *dermal curette*.

I have treated quite a number of cases of *acne* during the past year by means of this latter little instrument, and really have found it of much advantage in many instances. For those unacquainted with it, I may say that it is simply a small, spoon-like steel instrument, with sharp edges, resembling somewhat those used in gynecological practice, but with a shorter handle. The idea of the *curette* in *acne* is to remove mechanically the impediments to the free excretion of the sebum, and it is used to scrape off the summits of the pustules and large papules of *acne simplex*, and to remove the epithelial clogging of the glands in some cases of *punctate acne*. I simply scrape the surface, removing the contents of pustules (generally causing a small amount of blood to flow) ; I then apply minute portions of cotton to each bleeding or exuding pustule or papule ; this adheres for a few minutes, may be then brushed off, and the abrasion is dried ; a small crust may

be formed which falls the next day, and the pustule, which might and probably would have taken from one to three weeks in running its course, is brought to a termination in twenty-four hours or so. Of course no scar is left by this procedure, as the pus accumulations thus removable are located only beneath the epidermis; where there are large lumps or masses, round on top, the pus cannot be reached by this method, but these should be at once opened by means of a perpendicular thrust of a lancet, in order to avoid disfiguration, such as had occurred in the case just mentioned.

In one boy, aged eighteen, I treated one side of the face by this means alone, the other side being left untreated, and the difference was very perceptible, and that after only one or two scrapings. The process was repeated about a dozen times in this case. This method is not recommended as a substitute for other treatment, but is a valuable addition to other means in both public and private practice, especially when it is desired to accomplish results very quickly, as for any particular occasion. With this local procedure may be mentioned also the well-known method of forcing the black-headed sebaceous plugs from their beds by means of a watch-key, or, better, by a small metal tube with a round, smooth end, with an aperture of about $\frac{1}{8}$ of an inch; this I have made almost daily use of at the dispensary.

The same etiological elements have been noted in acne during the past year which have been observed in the years gone by, and the impression is deepened in my mind that sebaceous disease is very intimately associated with disorders of the digestive system, and can be best managed by a most careful regulation of this latter. The treatment, therefore, of acne has consisted very largely in directions about diet and hygiene, and very many cases have received laxative remedies, the most common, probably, being a pill of aloes and iron, given regularly with the meals, the number being slowly diminished, as a more normal action of the digestive organs ensues. I have still used De Valangin's solution of arsenic, as mentioned in my last "Analysis," and with very favorable ultimate results in a number of cases of acne.

It is believed and stated by writers on the eye that acne

ciliaris and affections of the Meibomian glands depend on the same causes as ordinary acne, and will not uncommonly be found associated with it; in but two cases was ciliary acne observed in connection with acne simplex, and once Meibomian disease was associated with hypertrophied acne rosacea.

4. SYPHILODERMATA.—Forty-three new patients came under treatment for syphilis during the year; of these, twenty-one were males, and twenty-two females; the percentage of these syphilitic diseases in the total number is but 5.7 per cent. against 6.3 per cent. of last year, and 9.8 per cent. of the year before. It would be gratifying if we could feel that this was an indication of the decrease of the disease in our midst, but in our judgment this is far from being the case, the contrary rather being true. The following are the ages of the patients with syphilis:

TABLE VI.

AGE OF PATIENTS.	Males.	Females.	Total.
6 months and under.....	2	..	2
6 months to 1 year of age.....	1	1	1
1 year to 2 years of age.....	..	1	1
2 years to 3 years of age.....	..	1	1
3 years to 4 years of age.....	..	..	..
4 years to 5 years of age.....	..	..	..
Total 5 years or less of age.....	3	3	6
5 years to 10 years of age.....	..	..	..
10 years to 15 years of age.....	1	..	1
15 years to 20 years of age.....	2	1	3
20 years to 25 years of age.....	6	4	10
25 years to 30 years of age.....	4	5	9
30 years to 35 years of age.....	..	2	2
35 years to 40 years of age.....	2	2	4
40 years to 45 years of age.....	1	3	4
45 years to 50 years of age.....	1	1	2
50 years to 55 years of age.....	..	1	1
55 years to 60 years of age.....	1	..	1
Total.....	21	22	43

The six patients with infantile syphilis were aged respectively seven weeks, eight weeks, seven months, eight months, thirteen, and twenty-six months. It will be seen that there

were no patients with syphilis between the ages of twenty-six months and fifteen years, the period between the common development of hereditary syphilis and the age of its usual acquirement; the decade between twenty and thirty furnished nearly half the cases; the oldest syphilitic was a male, aged fifty-eight. It will be remembered that these cases do not include primary sores, except under rare instances, where cutaneous or other constitutional manifestations have already appeared; these statistics, therefore, represent more correctly the real presence of constitutional syphilis among us than would those drawn from a venereal department, inasmuch as certainly a large share of the cases of syphilis manifest at some time cutaneous phenomena, and would, therefore, when applying to the dispensary for relief, be referred to this department. The total proportion, then, of syphilitic cases to all other cases of skin disease during the past two years has been just six per cent.

The youngest patient recorded with acquired syphilis was aged nineteen, a female; there were two males aged twenty—these were all who were twenty or less years of age. One patient, aged fifteen, a boy, is recorded with syphilis; but it was impossible to discover whether the disease was acquired or the result of hereditary influences. The lesions had existed four years; the case is still under observation, and will be reported on later.

Very unusual interest has been attached to the cases of syphilitic disease during the past year from the great variety presented and the rarity of some of the lesions. The disease has been observed from the earliest manifestation of constitutional symptoms to the development of lesions occurring many, many years after infection, from the most superficial macular eruption appearing while the chancre was still present, to the most profound destruction of tissues and the implication of nerves, bones, the eye, etc.

Two cases of chancres of the breast have been observed, in which the nursing infants were subjects of syphilis: the cases are still under observation, and, although there is some slight evidence that the disease was acquired, and not the result of paternal transmission inoculating in turn the mother,

it would be premature to report the cases at the present moment either as sustaining or tending to overthrow any views in regard to the possibility of an hereditary syphilitic child communicating the disease to its own mother. Both children and both mothers made very rapid recovery, mainly on the use of mercurial inunctions, the chancrous ulcerations on the breasts cicatrizing in very few weeks.

Several patients reported in the last "Analysis" have been under my care still during the past year. Mary R., aged twenty-four, who was alluded to as having syphilitic bursitis of the right knee, developed the same lesion subsequently in the bursa over the olecranon process of the right arm, and later she was the subject of very deep gummy tumors on the same right knee, which ulcerated, and finally large masses of tissue sloughed and came away, leaving a cicatrice adherent to the fibrous tissues of the joint. It would be impossible to say if the disease had involved the bursa in the slough—motion of the limb is not impaired. When the sloughing was at its worst, there was some constitutional disturbance, and she received quinine pretty freely, and iodoform-ointment (3j ad. 3j); latterly she was given an ointment of iodine and iodide of potassium, and moderate doses of iodide of potassium internally.

The young man, aged twenty-three, mentioned in last year's "Analysis," with very severe syphilis, which was affected badly by mercury, has been seen since, and has entirely recovered from immediate symptoms, but the remains of the anterior cervical adenitis are plainly visible.

An interesting instance of the natural course of syphilis when left untreated was observed in the person of a young German man, aged twenty-five.¹ He had contracted a chancre in 1868, which was treated locally and disappeared, and the few syphilitic symptoms which had occurred since had also disappeared, and *he had never received any medication for his syphilis*. He came for the treatment of a very extensive tubercular ulceration involving two-thirds, at least, of the right lower leg; there was also some disease of the same character on the

¹ *Archives of Dermatology*, October, 1876, p. 27.

right side of the head. The ulcerative disease had begun on the leg two years previously—that is, six years after the primary sore, and had progressed steadily in spite of continuous local treatment. The disease had begun on the head six months previously ; latterly, for some time, he was in attendance at the Homœopathic Medical College. The case made very rapid progress, and in two months almost the entire surface was cicatrized, the ulcerations on the head healing in about a month. The treatment was by means of the commonly-employed mixture of bichloride of mercury and iodide of potassium ; locally only a little carbolic acid was employed to correct the terribly offensive odor which completely filled the room at the first visit.

A not inconsiderable number of cases of undiagnosed and consequently untreated syphilis of long duration appear at this clinic during the year, and the following is another striking instance where the true nature of the lesion was even more apparent than in the former case :

Ann M., a healthy-looking woman of twenty-nine years, exhibited a most perfectly characteristic syphiloderm of the right palm, which had existed there three years continuously, and for which she had twice been in a hospital in this city—once for a period of six months, and once for three months ; on both occasions, as also during its entire existence, it had been treated locally, and with never more than a slight and temporary relief to some of the more distressing features, especially the cracking, which, when she first came under observation, quite disabled her.

The eruption possessed all the features of the palmar syphiloderm, which need not be here detailed, and on close inquiry the following history, in brief, was obtained : Ten years ago, or three months after marriage, she had a sore-throat lasting all the winter, and loss of hair, and has since been troubled much with occipital headache, worse in the afternoon and at night. Soon after marriage she had a miscarriage at two months ; a second one followed at three months, and a third one at five months ; she then had a child dead, born at full term ; next came a child which lived two months, and after that another which lived six weeks ; she then ceased

bearing. The children that reached full term all had eruptions, especially on the palms and soles. Her husband had acknowledged having syphilis; he died three or four years ago.

This narrative is given as showing the natural history of syphilis, and rarely do we find its recognized course in regard to miscarriages and diseased children so perfectly exhibited as was shown in the results of the six impregnations in this case. Amazement must strike every one that the true nature of the eruption on the palm was not discovered before, especially during her sojourn twice in a hospital for periods of six and three months respectively. Recovery was remarkably speedy under mixed treatment, although she was obliged constantly to do household work, including washing of clothes; in a month it was noted that normal skin had returned to a considerable portion of the palm, and at the expiration of two months only isolated tubercles remained at the margin. She received no local treatment for the first month; then she was given diluted citrine-ointment, and latterly the unguentum hydrargyrum, to be well rubbed into the palm.

It will be noticed that the palmar syphiloderm commenced seven years after the primary lesions in this case, and had existed three years, the date of her first visit being nearly ten years from the first constitutional symptoms of syphilis; the lesion in that case, as the late tertiary lesions so generally are, was unilateral. There has been attending at the same time another woman, who exhibited so perfectly the early form of palmar lesion of syphilis that mention of the case may be interesting in connection with the preceding.

Jane II., aged forty-three, gives a clear history of syphilis contracted from her husband, having had the primary sore about March, 1875. This was followed by constitutional symptoms, including a general papular eruption, and the palmar lesion commenced about ten months previous to her undergoing treatment at my hands, that is about a year after the infecting sore. The disease occupied both palms quite symmetrically, corresponding to the mode of arrangement of the earlier skin-lesions of syphilis, and presented few difficulties of diagnosis with the exercise of proper care. The

patient has been somewhat irregular in attendance, because after the first few weeks the disease had so far disappeared under antisypilitic treatment as to cause her but little inconvenience, and she was much occupied with family cares, she having a number of children. In this instance there was none of the history of miscarriages and diseased children, thus affording additional testimony of the correctness of our chronology of this double form of syphiloderma of the palms, and that the inoculation was of recent date, since the birth of all her children, who are healthy.

A very interesting lesion of syphilis occurred in the person of a young man aged twenty-one, who exhibited a complete facial paralysis of the right side, with very considerable bony enlargement of the same side of the face. There was a tubercular ulceration on the upper lip, also on the right side of the scalp, and the history was confirmative of syphilis. Very rapid progress was made at first under specific treatment, the ulcerations healing very soon; the bone-lesion and nerve-disturbances have yielded much more slowly. He first came under treatment early in April; at the close of the year there was still some facial paralysis exhibited on whistling, elevating the eyebrows, etc., and still some thickening of the malar prominence could be made out.

The diagnosis of all the cases of syphilis has not always been a very easy matter. In one widow of thirty-eight years¹ a tubercular, non-ulcerating syphiloderma of the face so resembled lupus, and the history so confirmed the appearances, that the diagnosis was held in suspense for some time. The eruption, which improved for a while under iodide of potassium alone, yielded quickly when a trifle of mercury was added. I have, when speaking of eczema, mentioned the eruption on the flexor surface of the left wrist of a waiter-man aged thirty-six, which very closely resembled eczema, and for the moment was diagnosed as such to the class present. In the case of a woman, Bridget H., aged twenty-six, lupus erythematosus so simulated syphilis that I gave the patient the benefit of the doubt, and treated her for the latter disease for several months;

¹ *Archives of Dermatology*, April, 1876, p. 220.

but the improvement was only very moderate, and the further progress of the case showed it to be one unmistakably of erythematous lupus.

During the past year I have made much more frequent use of mercurial inunctions in syphilis than formerly, partly for economy, and am thoroughly satisfied that the mineral often acts thus far better than when given by the mouth, and have consequently been led to employ the same more in private practice. Its well-known advantages in certain forms of syphilis, as in infants and in iritis, should be constantly borne in mind. I have also used the bicianide in solution by the mouth, but am not prepared yet to report on the results. In one infant aged thirteen months, whose mother had chancre of the breast, the child's strength seemed to be failing under mercurial inunctions, and the mother was directed to give it thrice daily eight or ten drops of her own mixture, containing bichloride, iodide of potassium, iron, nux-vomica, and bark; and the results were most gratifying, the appetite returned, and the eruption continued to fade most satisfactorily.

5. TINEA.—The vegetable parasitic diseases, which were present in larger proportion this year than during the preceding—4.8 against 3.4 per cent.—were represented by thirty-eight cases, of whom twenty-three occurred in male and fourteen in female subjects. These affections were thus divided: First, those due to the parasite *trichophyton* (*a*), tinea tonsurans (ringworm of the head), nine cases; (*b*), tinea circinata (ringworm of the body), eight cases; (*c*), tinea sycosis, seven cases; (*d*), eczema marginatum, one case; total, twenty-five: second, that caused by the *microsporon furfur*, tinea versicolor, nine cases; third, that due to the *achorion Schönleini*, tinea favosa, or favus, four cases.

One case of tinea circinata was peculiarly interesting from the large extent of surface affected, and the close resemblance which the eruption presented to tinea versicolor. It was in the person of a married woman aged twenty-nine, who at first exhibited an eruption upon the back and part of the chest, and it was at once thought to be the latter disease, there was so little of distinct character to the appearances. On further inquiry it was learned that the same existed on the arms, but

here its features were no clearer. A microscopic examination of the scales and hairs showed that it was due to the trichophyton, and not to the microsporon furfur, and at a later visit it was discovered that the disease extended down on to the abdomen and thighs, and even on the upper part of the legs, and in this latter situation the characteristics of *tinea circinata* were quite distinct. Treatment removed the disease quickly. She first used citrine ointment diluted, and was afterward given the *liquor picis alkalinus*, to be rubbed in full strength, which proved much more efficacious than the ointment.

A little girl, aged eleven years,¹ presented an unusual form of *tinea circinata* on the right leg. The eruption seemed to advance in a spiral, there being several rings, or rather oval lines within each other, which, on careful tracing, were found to be continuous, forming a spiral. The parasite was found microscopically.

A very unusual proportion of cases of parasitic sycosis is recorded, namely, seven in the entire thirty-seven. While not insisting on the parasitic nature of all these cases beyond a peradventure, we feel confident that almost if not quite all of them were of this nature. In several of them microscopic study revealed the parasite. This examination was not made in every case, but the clinical features were carefully studied, as there were at the same time in attendance many cases of eczema barbæ, and there was abundant opportunity of comparing the diseases. One patient was a stableman, and another a butcher, who could readily have acquired it from animals; another case was in a man of forty years, who brought a child with *tinea tonsurans*, of well-defined character, and exhibiting the parasite microscopically.

The cases of the next variety of vegetable parasitic disease, *tinea versicolor*, sometimes called pityriasis versicolor, and wrongly designated chloasma or liver-spots by some, presented no specially interesting features. These were nine in all, six females and three males, ranging from eighteen to fifty-two years of age.

Four cases of *tinea favosa*, or favus, were observed, three of which possessed very great interest, inasmuch as they

¹ *Archives of Dermatology*, July, 1876, p. 311.

affected the epidermis, and were on other portions of the body than the hairy scalp, which is the more common seat of this affection. The fourth case affected the head of a tailoress aged twenty-one. The cases of epidermic favus were confirmed by the microscope.

The usual treatment of these parasitic diseases was diluted citrine ointment, oil of cade, liquor picis alkalinus, etc. Sulphurous acid, which I greatly prefer, was not much used, because of the difficulty of keeping it strong, and of properly using it in dispensary practice. Bichloride of mercury was not used at all, on account of the danger attending its employment in ignorant hands.

The youngest patient affected with a vegetable parasitic disease was a boy of two years, with well-marked *tinea tonsurans*. There was also a boy three and a half years old, with *favus epidermidis*. The oldest patient was aged fifty-two, a man with *tinea versicolor*.

6. LICHEN.—In my former reports I have given my reasons for maintaining the existence and comparative frequency of the disease lichen of older writers, and I am the more confirmed in the tenability of the position by another year's clinical experience. It will be noticed that I have recorded twenty-four cases as papular eczema, besides which there were, of course, very many other cases of eczema where papulation was more or less marked. I have recorded this year also thirty cases as lichen, occurring in nine males and twenty-one females. Of these, twenty-eight cases were entered as acute lichen, one as chronic, and one of that rather peculiar and more-recently recognized lichen planus. The youngest patient was a male child aged seven; the oldest, also a male, of sixty-five years. I do not recall anything new or peculiarly interesting in regard to the cases or their treatment.

7. URTICARIA.—Twenty-eight cases of urticaria were recorded, which exhibited all the phases of this remarkable affection. In dispensary practice, where the time of attendance is limited to certain days and hours, it is rather the exception to observe the eruption of urticaria in its typical stage. Comparatively few cases have exhibited well-marked wheals at the time of visit, and it is frequently necessary to depend upon

the history of the case, verified by careful cross-questioning, and upon certain after-lesions on the skin. By the latter I mean the papular eminence which is generally left for a while after the wheal subsides, together with the marks of scratching.

Most of the cases were of acute character; a few were recorded of several years' duration; but few returned after the first visit, and many of them were probably relieved at once. The ages may be seen in the following :

TABLE VII.

AGE OF PATIENT.	Males.	Females.	Total.
10 years of age and under	4	..	4
10 years to 20 years of age.....	3	5	8
20 years to 30 years of age.....	..	7	7
30 years to 40 years of age.....	3	..	3
40 years to 50 years of age.....	3	..	3
50 years to 60 years of age.....	1	1	2
Over 60 years of age.....	1	..	1
Total.....	15	13	28

The treatment was usually cathartic and alkaline, considerable use being made of what we have often referred to as Startin's mixture, of sulphates of iron and magnesia, etc.; also of the well-known rhubarb and soda mixture.

8. DERMATITIS.—There was little of interest in the cases classed as dermatitis, with which there were twenty-three patients, ten males and thirteen females. Six of these were due to traumatic causes, five to the effects of heat and cold, four to poisons, four appeared to be simply idiopathic inflammation of the skin, and in four instances it was simply recorded that dermatitis existed. Of the cases of dermatitis venenata, one was apparently the result of a spider-bite, which caused very considerable dermal and sub-dermal inflammation in the left forearm of a little girl seven years old, which suppurated, was opened, and discharged unhealthy pus for some time.

9. FURUNCLES.—In the twenty-one cases of furuncles (eleven males, ten females) the same plan of treatment was pursued

with success which has been mentioned in former reports, namely, the hyposulphite of soda, in moderately large doses, three or four times daily, or even oftener, on an empty stomach, and well-diluted. Of these cases, eleven, or more than one-half, were entered during the months of July and August.

10. PSORIASIS.—Many writers have regarded psoriasis as one of the most frequent of skin-affections. It here stands tenth on our list, and shows even a less percentage to the whole number than was observed last year, which was unusually low. In the present analysis it forms but 2.4 per cent. of the whole, in the preceding year it formed 3.2 per cent. The cases were very evenly divided between the sexes—nine males and ten females. In the report last year the females were three times the males in number, an illustration of the fallacy of drawing any important conclusions from a single analysis, or a single year's experience. The youngest patient with psoriasis was aged eleven years, a girl; the oldest sixty-six years, a woman, whose daughter was the subject of very marked and severe lupus vulgaris. The age of the patients when applying for treatment may be seen in—

TABLE VIII.

AGE OF PATIENT.	Males.	Females.	Total.
10 years to 20 years of age.....	3	3	6
20 years to 30 years of age.....	3	1	4
30 years to 40 years of age.....	1	2	3
40 years to 50 years of age.....	1	3	4
50 years to 60 years of age.....	1	..	1
Over 60 years of age.....	..	1	1
Total.....	9	10	19

The greatest recorded duration of the affection was thirty years, in a woman of forty-one. In one case, that of a boy sixteen years old, the disease had just made its appearance. Very many of the cases were of the variety psoriasis guttata, though some of them were very extensive, in one or two in-

stances covering almost the entire body. In one man, John R., aged thirty, all the limbs were completely involved, even the flexor surfaces of the knees and elbows; upon the body the eruption was more scattered, in characteristic patches. As the disease began to yield, the flexors cleared off first, and here and elsewhere the more recognizable forms of the eruption appeared. In another case, of a woman about forty years of age, the eruption, which affected the arms only moderately, was so confluent on the thighs and legs as to cause very much pain and discomfort with the burning. In another patient, a married woman,¹ aged thirty-three, the hands and wrists were so completely covered with the eruption that the appearance was exactly that of a very aggravated eczema: deep fissures existed, causing great pain. Farther up the arms the lesions were very typical of psoriasis.

Psoriasis is perhaps the most unsatisfactory of all diseases of the skin to treat in dispensary practice, because of the irregularity of the attendance of patients, and because they are so readily discouraged at the necessarily tedious nature of the disease and its treatment. In many instances, therefore, I have simply sought to give relief from the symptoms, which are peculiarly annoying, having learned by experience that in cases which have already lasted for several years the patients will not persist long enough to make it an object to attempt the cure. I have therefore made large use of acetate of potassa, which almost always accomplishes much for this disease, and which, together with proper local treatment, has in my hands removed the eruption from many psoriatic patients. When the eruption is of recent date, I take great pains to impress upon the patient the advisability of persisting in treatment, and very generally give arsenic, with other measures.

I am sorry not to be able to report further on the use of phosphorus in psoriasis; I was obliged to discontinue its employment because the results seemed so unfavorable: this class of patients are so careless about medicines that they readily take an overdose, or do something to render the action of such drugs uncertain, or even dangerous.

In several instances the results of treatment have been

¹ *Archives of Dermatology*, April, 1876, p. 223.

gratifying; in the very severe general psoriasis, alluded to above, almost the whole eruption had disappeared before the expiration of two months, and this alone on the acetate of potassa, about thirty grains three times daily. In a boy of fifteen, with recent psoriasis of a very typical, nummular variety, the eruption disappeared almost entirely in about two months, under increasing doses of arsenic, in the form of De Valangin's solution. He began to show signs of the physiological action of the drug when about six drops thrice daily were reached, and at this time the disease was vanishing very rapidly.

11. SCABIES.—Nineteen cases of scabies were recorded; of these, nine were in male and ten in female subjects. There was nothing unusual in them; the younger patients, with more delicate skins, were mainly treated with storax and balsam of Peru; the males, and those better able to bear it, received sulphur ointment. The ages ranged from four months to forty-two years. The latter patient was the mother of three children, aged respectively eight months, four years, and eight years. There was another family of three, seven and eight years respectively. There were no cases of scabies entered during the months from March to September, this being a disease much more commonly observed during the colder seasons, it being known also that scabies is far more prevalent in cold than in warm countries. In McCall Anderson's statistics from ten thousand hospital skin-cases in Glasgow, scabies formed a trifle more than one-quarter of all the cases.

12. ULCERS.—The cases of ulcers occurred entirely on the lower extremities, and the large majority of them were due to varicose veins, or, perhaps it would be more proper to say, were the results of the same causes which produce varicose veins, and were, as a rule, accompanied by them. Primary venereal ulcers do not appear in this department; the later ulcerations of syphilis are classed under their proper head: where the ulcers were plainly a part and result of eczema they were referred to that disease, and excluded from the present list.

There were seventeen cases of ulcers, ten in females and seven in males. The ages of the patients ranged from thir-

teen to seventy-seven years ; in some of the cases, especially in young persons, the ulcers were of traumatic origin. They all occurred in persons obliged to stand much of the time, as in mothers of families, cooks, wash-women, laborers, a blacksmith, printer, etc. In a good share of the cases favorable results were reached by the ordinary methods of treatment, bandaging being also largely employed. The local application of chloral in solution, five to ten grains to the ounce, as reported on last year, has still given good results.

13. ERYSIPELAS.—All of the cases of erysipelas affected the face, and in all of the thirteen cases, six males and seven females, the results of treatment were very satisfactory. The treatment, I believe, was the same in every case, with slight variations, and all but three of the cases were seen two or more times, and in all of these the change was very marked on the second visit, which was generally two or three days after the first. The treatment consisted in from two to four compound cathartic pills (U. S. P.), taken at night, and large doses of the tincture of the chloride of iron (℥x-xxx) every two or three hours. The local treatment was invariably keeping the face well dusted with powdered starch or flour. The patients were generally kept from work for a few days. The results of treatment may be judged from the fact that ten of the cases reappeared at the clinic within a few days greatly improved, the success being in a large measure attributable to the promptness of treatment. None of the cases occurred during the months of November, December, January, February, or March.

14. HERPES.—Thirteen cases of herpes were recorded during the year, seven in male and six in female patients ; of these, ten were herpes zoster, zona or shingles, and three herpes labialis. The cases of zoster were remarkable from the fact that six of the ten cases occurred in children under ten years of age ; of these four were females. The youngest was a girl aged eight months, with a well-marked thoracic herpes of the left side ; next came a boy of three years, with a zoster of the right leg ; the oldest patient was a woman of thirty-eight, with left thoracic and brachial zoster. The youngest patient reported with zoster in my last two analyses was three years

last year, and two and a half the previous year; the oldest, seventy-three. The patient aged eight months was the youngest I have ever seen with this affection. Neumann mentions five or seven months as the earliest date at which it has been seen. With us it was more common on the left side than on the right.

The treatment usually employed was dusting the surface with starch-powder, and sewing on a linen band well dusted with the same, which was to be left *in situ* for a week or so, allowing the eruption to dry up beneath; generally, some tonic treatment was also given, as most of these patients are in a poor condition; in none of the cases was neuralgia complained greatly of.

15. PRURITUS.—The diagnosis of pruritus is always a most unsatisfactory one for the physician, because he is obliged to trust so entirely to the statements of the patient, with no guidance as to the cause, and often no visible signs to confirm the truth of what the sufferer says: quite as unsatisfactory is it also to treat in the majority of cases, for a whimsical patient may deceive the physician in regard to the effect of remedies. That we do constantly meet with cases which present no other symptom than an itching of the skin, is a well-assured clinical fact, and of such cases there were twelve recorded during the past year, eight males and four females. Of these, three were entered as pruritus ani, two pruritus senilis, one pruritus genitalium, one pruritus hiemalis, and in five there was simply general itching of the skin complained of. It will be remembered that we exclude lice as a cause of this itching, the cases due to them being mentioned under the term phthiriasis; nor do we intend, by the term pruritus, any cases of prurigo, as described by Hebra, and seen occasionally in this country, where there is a true papular lesion inseparably connected with the disease. We were also careful to exclude cases of urticaria.

The cases of pruritus ani were probably due to hemorrhoidal congestion, or possibly to worms. They were certainly greatly relieved by turpentine-injections. In cases of pruritus senilis, a faulty kidney action is frequently the exciting cause, and our patients generally are much benefited by acetate of potassa internally, and externally by a wash of

carbolic acid two drachms, caustic potash one drachm, and water four to eight ounces. The alterations of age in the skin are, however, undoubtedly an element in the causation of pruritus senilis, and only temporary relief can be expected.

There was but one case of the pruritus hiemalis observed, affecting the thighs of a young man aged twenty-three.

16. IMPETIGO CONTAGIOSA.—Quite a number of cases of this curious disease were seen during the year, nine in all, three times in male and six times in female subjects. They mostly occurred in groups, two families having three patients in each, one two, and in one child, twenty-one months old, the disease could not be traced to any others. They all presented much the same features as described by Tilbury Fox, and recognized by others, except that the crusts may be more abundant and darker where the disease occurs among the poorer and dirtier classes. The cases were all in children under seven years of age, except in one instance, where a father acquired it from his child aged seven.

17. EPITHELIOMA.—After considerable thought and study of the cases, I have decided to omit the term rodent ulcer (*ulcus erodens*), which appeared in my last report, and to include the lesions which might be thus named under the term epithelioma. My reasons are their close approach in clinical features, and the great similarity, if not identity, which has been shown between all these cases microscopically. Among older writers, lupus, especially its ulcerative form, has been frequently confounded with epithelioma, and *noli me tangere* has undoubtedly been used as a designation for both lupus and epithelioma; but, in the present instance, lupus has been carefully excluded.

Of the seven cases grouped as epithelioma, three were in men and four in women. The youngest and oldest patients were both women, aged respectively thirty and sixty-five years. In one case, a man aged forty-three, plastic operations had been performed four times by a leading surgeon, a large flap being taken from the forehead to replace a portion of the nose which was removed together with the disease. The destructive process had attacked the cicatrix, and an ulcerating epitheliomatous surface occupied both nostrils, extending

deep into them, also the left upper lip, which was drawn up by cicatricial action. Little could be done for the unfortunate case; acetate of zinc seemed for a while to check the ulceration, and it was thought some portions would heal, but no permanent results have been obtained. Of late he has used iodoform in ointment (3ss ad 3j), which he thinks checks the discharge and relieves the pain which the tense condition of the ulcerated surfaces induces.

Two of the cases were very successfully treated by means of Marsden's mucilage, in the manner described elsewhere¹ (equal parts of arsenious acid and powdered gum-acacia), and were followed to the result of a small, smooth, and healthy cicatrix. In one instance the single epitheliomatous structure, about a third of an inch in diameter, was situated at the junction of the left ala of the nose with the cheek, on a mason aged forty-one; in the other, a larger one was located on the right temple of a woman aged fifty. In one old woman of sixty-five, on whom there were two very superficial epitheliomata, one in the centre of the forehead, and one on the right temple, diluted citrine ointment (1 : 3) was employed as a placebo for a few days, under which they smoothed off, leaving surfaces so near to health that it was not deemed advisable to adopt any more severe application, and she continues its use occasionally.

18. ERYTHEMA.—Of the seven cases of erythema, three males and four females, three were of the variety multiforme, two of erythema nodosum, one erythema papulatum, and one from the effect of heat. Many of the cases were very transient in character, the result of digestive disorders. The two cases of erythema nodosum were in a boy aged eight years and a girl of fifteen.²

19. PURPURA.—Seven cases of purpura were seen and treated during the past year, five in male and two in female patients. The ages of the patients were as follows: thirteen, thirteen, seventeen, thirty-five, thirty-nine, forty, and forty-two years respectively. They were all treated with fluid extract of ergot, and as two of the cases have appeared in print

¹ NEW YORK MEDICAL JOURNAL, August, 1876.

² *Archives of Dermatology*, January, 1877, p. 133.

elsewhere,¹ with full comments on the use of the drug in these cases, I will not dwell on this here. I may, however, state in brief that it was employed both hypodermically and by the mouth with most striking results. Five of the cases were followed out; two failed to return after the first visit.

In one case, that of an anæmic girl of thirteen years, who had rheumatic symptoms very markedly developed, and who had far-advanced phthisis of the left lung, with distressing cough, the ergot was more slow in acting, but finally succeeded in checking the purpura, which developed anew on several occasions. She was under observation nearly six months, gradually failing with the lung-trouble, with which she finally died, as I learned from Dr. Billington, the visiting physician of the dispensary, five months after she disappeared from my clinic. He stated that the purpura ceased to appear some time before her death. While under my care she received also, from time to time, iron, quinine, and cod-liver oil; but the ergot was also administered more or less freely, as it seemed to check the purpura, and restrained somewhat the epistaxis, which occurred frequently.

In several patients it was observed and noted that marked improvement of the general health and color followed the use of the ergot alone, as in both the cases referred to as reported in the *Practitioner*; also in a broken-down barkeeper, aged forty, this effect of the ergot was very plain. In this case the eruption was checked at once, and had greatly faded at his second visit, at the expiration of seventy-two hours. From our study of the subject, as detailed in the article alluded to, we have concluded that ergot is the remedy *par excellence* for purpura, and that it should be employed at once and fearlessly, especially in cases of the hæmorrhagic form. It may be given by hypodermic injection, with more prompt results than by the mouth, and the fluid extract may be thrown beneath the skin in doses from ten to thirty minims, with perfect safety if due caution is observed.

20. VERRUCA.—Little remark is called for in regard to the six cases of warts which applied for treatment, with the single exception of a little girl of eleven years, whose warts were

¹ *The Practitioner* (London), November, 1876.

treated alone by arsenic, given internally, and with a good and rapid result. There were in all ten warts on her hands and face, and she was given four or five drops of De Valangin's solution of chloride of arsenic thrice daily, with no local applications. Three weeks after her first visit, it was recorded that several of the warts had disappeared, and, at the expiration of seven weeks, but one remained.

21. HYPERIDROSIS.—This peculiar functional disorder of the sweat-glands was presented for treatment in four cases, three males and one female. In one case, that of a young man of twenty, it was general, in another of the same age the head and neck were affected, and in two cases the feet were the seat of the disorder, the hands being also affected in one of the latter, a girl of fifteen years. In the first case very prompt results were obtained from the internal use of atropine, given in doses of about one-ninetieth of a grain thrice daily, which was increased to one-sixty-fourth of a grain in a few days. In the case of the sweating of the hands and feet of the girl of fifteen, one foot was painted once or twice a day with tincture of belladonna, which I have used heretofore with good success, and the other was kept wrapped all the time in the unguentum diachyli of the Germans. After a few days it was reported that both feet were doing very well, but a little later she concluded that the diachylon served the best, which was evident on examination, although the foot on which the belladonna had been employed was much better. The epidermis, which had been macerated by the profuse sweating, so as to be white and soggy, and tender to press upon, was hardened, and now walking gave no pain. The diachylon was continued to both feet, and a few weeks later the skin of the feet seemed normal, and she remains cured after about a month's treatment.

22. LUPUS.—There were four cases of lupus observed during the year, all affecting the face of females. Two cases were of the erythematous variety, one of the scattered form, where isolated patches affected various parts of the face, also both ears, in a woman twenty-six years old. The other was in a girl of eleven years, where the whole face was very characteristically covered with lupus erythematosus, also the backs

of the hands in scattered papules, and the palmar surfaces of some of the fingers. There were also some scattered patches of small size on the top of the head.

Of the two cases of lupus vulgaris, one occurred in a woman aged forty-four, in whom it had lasted since thirteen years of age. The disease occupied the entire face and ears; it had destroyed the end of the nose, and produced some ectropion; the lips also were much thickened, and eating was somewhat difficult. The second case of lupus vulgaris was of small extent, and occupied the right side of the nose, near the bridge, in a woman forty years of age. The three first-mentioned cases came late in the year, and it would be premature to report anything in regard to their treatment. The last case came once in February, but has not returned.

23. SCROFULODERMA.—Three cases were entered as scrofuloderma; thereby are indicated the strumous abscesses generally observed on the neck of those exhibiting the characteristics of scrofula. There were no features of particular interest in these cases.

24. VARICELLA.—The eruptive fevers are, as a rule, excluded from this class, and attended at their homes by the visiting physician. The only cases of them were the three of varicella, all in male children. They were of the usual mild character.

25. ADENOMA.—Although not coming under the head of skin-diseases, this enlargement of the lymphatic glands may have closer connection with cutaneous lesions than is usually supposed; indeed, lymphadenoma cutis is now recognized as definite affection of the integument. In one of these cases, a boy aged five years, there was first a scrofulous eczema about the head, upon the disappearance of which the glands of the right side of the neck began to enlarge and harden, which process has continued steadily in spite of varied and appropriate treatment, until now the entire right side of the neck, from the angle of the jaw to the clavicle, is filled with a hardened lobulated mass; the skin over it is pale, the veins rather prominent. The boy's health is now evidently suffering, he has lost appetite, has become anæmic and weak, and is fast declining. In the other case, that of a boy three and

a half years old, there is a large mass of indurated glands in the left side of the neck, more than filling the space between the cheek and clavicle, which has steadily increased under observation, the boy gradually failing. The skin over this is in some places purplish, but apparently healthy, and the veins are enlarged and tortuous. Arsenic, which has proved serviceable for these swellings in the hands of some, has failed to remove the disease in these cases; likewise iodine, cod-liver oil, etc. In the case first mentioned, arsenic has given the most benefit.

26. CHLOASMA.—The brownish discoloration on the face which is sometimes confounded with the fawn-colored eruption on the breast, the parasitic tinea versicolor, was noted for treatment in but two cases, although it was observed a not inconsiderable number of times in females who came for other complaints. In one of these cases there was also xanthelasma or vitiligoidea at the same time, a combination which I do not remember to have ever met with before.

We have seldom found the following prescription to fail in removing these discolorations pretty promptly; though, of course, they may return again and again, generally from uterine or ovarian disease or hepatic derangement: *R.* Hydrarg. bichlor., gr. viij; boracis pulv., ʒ ij; acidi acetici dil., ʒ ij; alcohol, ʒ ij; aquæ ad ʒ iv. *M.* If it roughens the skin too much, omit its use for a few days, and apply sweet cream.

27. ICHTHYOSIS.—Two boys, aged three and ten years respectively, were brought in the month of May with this peculiar and incurable disease. In the case of the boy aged ten,¹ it was recorded that it had lasted since he was two years old. I cannot find notes of the other case. They were both seen but once, and were given alkaline and starch baths, with subsequent inunctions of cosmoline.

28. XANTHELASMA.—One of the two cases of xanthelasma, in a woman aged fifty-eight, exhibited the disease in a very marked and extensive degree. The whole face, extending from ear to ear, and from the chin to within half an inch of the roots of the hair, with the exception of a portion of the

¹ *Archives of Dermatology*, January, 1877, p. 135.

cheeks, was covered with a scattered, cream-colored eruption of spots, varying in size from a line to a quarter of an inch in diameter, circular and of irregular shape. The surface of these was smooth and shiny, and soft and velvety to the feel. There is slight elevation. In the other case, that of a woman of thirty, the disease was much less pronounced, and occupied mainly the eyelids, and, to slight extent, the side of the nose.

Both patients were constipated. The first one once had been subject to "bilious attacks," and the second one had jaundice as a girl.

29. **ABSCCESSUS.**—There was nothing of interest in the one case of dermic abscess treated.

30. **ALOPECIA AREATA.**—But a single case of alopecia areata was entered during the year,¹ and this in a young girl of nineteen, in whom the disease had carried off nearly the entire mass of hair, leaving the head almost as if shaved. The history was that it began as a small spot, an inch or so in diameter when first noticed, which was followed by others very shortly, all of which coalesced to produce wellnigh perfect baldness; there were still some islets of hair, and a few scattered hairs over the bald portions, as is not unfrequently the case. The ordinary stimulating treatment was employed with fair success for a time, but she ceased attendance before the real result could be learned.

31. **CARCINOMA.**—The disease in this case was seated on the right breast of a married woman aged fifty; the case was transferred to the surgical department for operation.

32. **ERUPTIO E COPAIBA.**—A young man twenty-four years old, who was being treated in the surgical department for gonorrhœa, and was taking copaiba pretty freely, presented himself with a papulo-erythematous eruption covering almost the entire surface of the body. It possessed neither the characters of erythema exclusively, nor those of urticaria; it was composed of erythematous blotches, somewhat raised, of irregular shape and size, some round, some irregular, the elements of it being very symmetrically distributed on each side of the trunk. The upper arms and thighs were affected, as also the head and neck. All of the spots were of a uni-

¹ *Archives of Dermatology*, July, 1876, p. 312.

form pink color; they were quite closely set; they had existed a day or two without much change, and they gave rise to very considerable burning and itching, especially when exposed to the air; there had been no disappearance of individual blotches, with reappearance of others, as in urticaria. He was advised to desist from copaiba for a few days, and take Rochelle salts several times daily.

33. MORPHEA.—Of this remarkable affection, which has but recently acquired a definite place in dermatological literature, there was one very marked and almost typical case, in the person of a well-developed and apparently healthy single woman, of thirty years.¹ She first came to the dispensary February 29, 1876, and has attended quite faithfully ever since. The disease began about twelve months previous to the first visit, and had increased steadily up to that time. When first seen there was a patch of diseased skin on the right leg, commencing about four inches above the popliteal space, and extending downward and forward to within two inches of the internal malleolus. The diseased surface was of a dirty yellowish-brown color, mottled, surrounded by an erythematous, pinkish halo, which was well defined toward the yellow skin, and shaded off insensibly into the healthy color of the adjacent surface. In feeling, the yellow portions were hard, as if a piece of boiled sole-leather had been inserted into the skin, and the margin of the disease could be detected by simply passing the finger from the healthy to the affected part, with very slight pressure. The entire diseased tissue was irregular in shape, as if composed of several isolated patches, and latterly there have appeared several scattered spots of redness on the lower part of the thigh, in the centre of one of which has formed the yellowish-brown, sole-leather-like, hardened skin. There is, perhaps, a very slight depression of surface in some of the older portions, but in the main the diseased is about on a level with the healthy skin; there is no tendency to contract, as is so markedly the case in scleroderma.

34. NÆVUS.—But one case of nævus was entered, although I recall several occurring on patients treated for other diseases.

¹ *Archives of Dermatology*, January, 1877, p. 102.

This was in a male infant of fifteen months, who had a single vascular nævus on the radial surface of the right forearm, near the thumb ; the child was seen but once, and no active treatment attempted.

35. PEMPHIGUS.—A girl aged sixteen exhibited this disease in a very severe, gangrenous form ; she died about six months after being first seen, with well-pronounced and rapid phthisis.

36. PIGMENT-STAINING.—On the inner and anterior surface of the left leg of a sailor aged thirty-four, there was observed a brownish pigmentation, covering nearly half the surface of the lower half of the leg, which was apparently without cause, as the patient, who was a very intelligent man, gave no history of a previous eczema, syphilis, or ulceration. The veins were varicose to a moderate degree.

37. PITYRIASIS RUBRA.—One case was recorded with this disease, a woman aged forty-five ; but, as no notes were made of the case, the details cannot be given.

38. ROSEOLA.—No especial interest attaches to this case, which occurred in a boy of six years.

39. STROPHULUS PRURIGINOSUS.—This case approaches the most nearly to what is known as true prurigo, of any which appeared at the clinic ; but, because of the excessive rarity of the affection in this country, I should hardly be willing to name it prurigo until after longer observation, and have, therefore, following Hardy, called it strophulus pruriginosus. It occurred in a female child, seventeen months old, who exhibited a papular eruption, covering especially the thighs and feet, but also to a lesser degree the body and arms. The papules were many of them scratched, but there were some of a flesh-color, and more perceptible by feel than by sight. There was very considerable improvement under the sirup of the iodide of iron, and an application consisting of two drachms of tar-ointment to six of zinc-ointment.

In concluding this *résumé* of my year's work in the Demilt Dispensary, I would commend to my colleagues and to all occupying public positions, and indeed to every practitioner, the habit of recording, to the utmost possible degree, facts in

relation to disease and its treatment. Cases which at the outset seem of the least interest are often found to possess the greatest when it is too late to obtain the exact data in regard to them; and many will agree with me, that very frequently therapeutical and other items which, while the case is fresh, appear of the greatest importance, have been lost because not recorded at the time.

No one is better aware than myself of the very great difficulty of accomplishing this, and no one can appreciate more than I do the imperfections of this present analysis and study; but, as remarked in my last year's report, it is put forth as it is, with the desire "to add the results of American experience in the observation and treatment of diseases of the skin, and to excite, if possible, more interest in their study." This glance back over the labors of the year has been a most pleasant and profitable one to me, and I trust may not be without advantage to others as well.

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